IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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Richard Heim
President/CEO
Advocate Christ Medical Center
4440 W. 95th St.
Oak Lawn, Illinois 60453

VIA CERTIFIED US MAIL

March 7, 2018

Mr. Heim:

The Illinois Department of Public Health has been reviewing the number of hours that Illinois hospitals have been on bypass/resource limitation. This review is based on what is reported by each hospital to EMResource.

In 2018, YTD, DPH notes that Advocate Christ Medical Center has been on bypass just over 317 hour hours, or more than 20% of the time. This is one of the top four highest cumulative bypass totals for Illinois hospitals with emergency departments for the same date range. Section 515.315 (a) of the Administrative Code states, in pertinent part:

> ***"The Department shall investigate the circumstances that caused a hospital in an EMS System to go on bypass status to determine whether that hospital's decision to go on bypass status was reasonable"***

Therefore, pursuant to 210 ILCS 50/3.125, DPH is requesting that Advocate Christ Medical Center submit the following information and materials for February, 2018:

- Steps previously taken to mitigate going on bypass/resource limitation;
- Number of open monitored beds, by day, at the time that each decision to go on bypass/resource limitation was made;
- Documentation of attempts to call in additional staff to avoid going on bypass; and
- Steps/plan being taken to reduce the number of hours on bypass in the future.

Please be so kind as to submit this information to me within 14 days of your receipt of this letter. If you have any questions, do not hesitate contacting me at Leslee.Stein-Spencer@Illinois.gov.

Sincerely,

7(1)(b) [redacted]

Leslee Stein-Spencer R.N., M.S.
Acting Division Chief
Division of EMS and Highway Safety

Cc: Brian Sayger, M.D., Chair E.D.
Sean Motzny MD, EMSMD
Sue Hecht R.N., EMS Manager
Shannon Wilson R.N., Region 7 EMS Coordinator

Advocate Christ Medical Center

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Ms Leslee Stein-Spencer, RN., MS
Acting Division Chief
Division of EMS and Highway Safety
Illinois Dept of Public Health
422 South Fifth Street, Fourth Floor
Springfield, IL. 62701-1824

March 19, 2018

Dear Ms.Stein-Spencer:

The below provided information is in response to the inquiry from the office of IDPH dated March 7, 2018, pursuant to 210 ILCS 50/3.125.

The following responses are provided to the concerns identified in your letter.

I. **Steps previously taken to mitigate going on bypass/resource limitation**

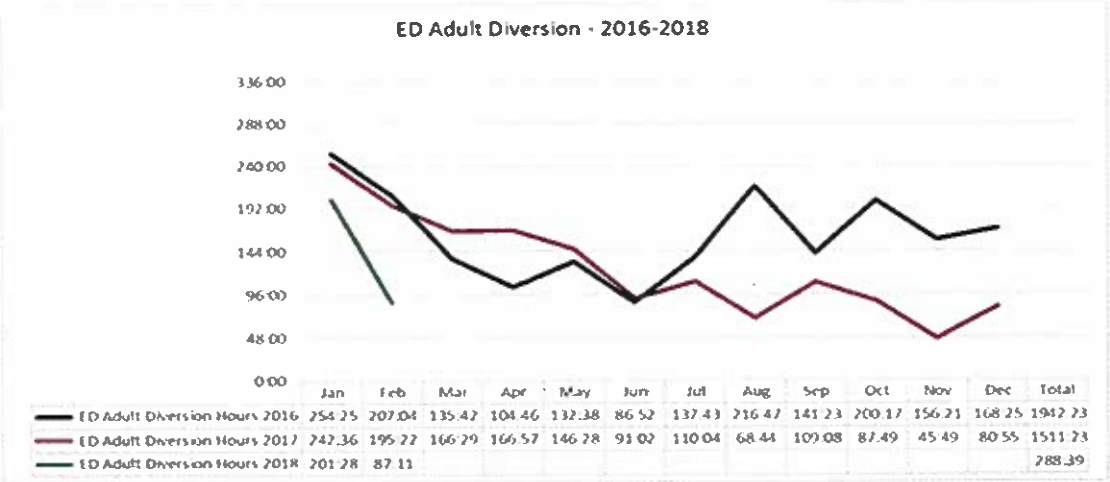
At ACMC our resource limitation is bed capacity in our facility and our emergency department. The emergency department was built in the early 1990's with 34 rooms available for patient care and a predicted volume of 50,000 patients. In 2017, approximately 104,000 patients came through our emergency department, 74,000 adults and 30,000 pediatrics. The main adult space currently has 41 rooms, in addition we have 20 hallway spots, to accommodate our average daily adult volume of 221 at this writing. The hospital is 90-100% occupied daily, which challenges us every day to accommodate all patients needing inpatient or observation beds from the emergency department. Patients then board in the emergency department, thus further limiting the emergency department capacity to accept additional patients. The following are steps that have been taken by the organization and department to enhance patient flow, mitigate bypass and keep our doors open over the past several years to accommodate our patients and services:

- 2013 expanded our fast track area that was open for only 12 hours per day to see low acuity patients to 24 hours per day to see all patient types
- 2014 provided additional critical care oversight of boarding ICU patient's utilizing our electronic intensive care unit (E-ICU), many patients downgraded to medical-surgical care due to early intervention from intensivists, this decreased utilization of needed critical care beds
- 2015 formed throughput committee and consistently meet monthly to drive throughput through the organization, impacts of this are continuous
- 2016 opened 96 bed critical care tower, despite the additional beds we remain at peak census, directly related to increased volume
- 2016 opened the emergency department annex an additional 10 room space of our emergency department designed to see low acuity ESI 4 and 5 patients by nurse practitioners (NP's) and physician assistants (PA's), this dropped our LWBS from 4.2% in 2016 to 2.4% in 2017
- 2017 constructed and opened a new 22 bed pediatric emergency department to accommodate our increased pediatric volume

- 2017 assumed 16 beds from the old pediatric emergency department to board our inpatients and expand our geriatric track to eight beds. These moves have provided more space in the main ED to care for emergency department patients
- 2017 our department was supported by the organization with additional FTE's for increased physician staff, increased resident coverage and increased nursing and tech staff for the 2018 budget to support our volume and care
- 2017 2Q after major throughput initiatives implemented, we had ~50% reduction in Q3-4 2017 bypass compared to Q3-4 2016, as well as 8 consecutive months of bypass lower than that of same month in preceding year
- 2017 the organization formed a "surge committee" designed to look at pre-determined space to house boarding patients, to aggressively decompress the department on high volume/surge days, we have implemented the "surge" plan twice this year and have offset bypass hours significantly

All points above represent our concerted, multi-faceted efforts to achieve operational throughput efficiencies throughout the hospital; which have resulted in a 'bending' of the curve and sustained reductions in bypass to levels not seen at ACMC for years.

As noted in the graph below, these efforts have year over year reduced our bypass hours, the most significant from 2016 to 2017 we reduced by 431 (22%) hours. Despite our increased volume, bypass hours have been continually decreasing by our aggressive efforts surrounding patient throughput efforts and reducing length of stay both for admitted patients and emergency room patients.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
ED Adult Diversion Hours 2016	254.25	207.04	135.42	104.46	132.38	86.52	137.43	216.47	141.23	200.17	156.21	168.25	1942.23
ED Adult Diversion Hours 2017	242.36	195.22	166.29	166.57	146.28	91.02	110.04	68.44	109.08	87.49	45.49	80.55	1511.23
ED Adult Diversion Hours 2018	201.28	87.11											288.39

II. Number of open monitored beds, by day, at the time that each decision to go on bypass/resource limitation was made:

	6-Feb	12-Feb	14-Feb	15-Feb	19-Feb	20-Feb	23-Feb	26-Feb	27-Feb	28-Feb
Time Bypass Initiated	3:45	19:27	6:08	12:15	16:30	14:12	19:00	17:52	12:40	12:38
Total Number Monitored Beds	0	0	0	0	0	0	0	0	0	0
Housewide Capacity			✓	✓	✓	✓	✓	✓	✓	✓
ED Critical Capacity	✓	✓								

III. Documentation of attempts to call in additional staff to avoid going on bypass:

Bypass has never been initiated due to lack of staffing, the emergency department is staffed to appropriately handle our day to day volume. We are additionally supported by the organization, for provision of additional inpatient nursing staff to assist with our boarding patients.

IV. Steps/plans to reduce the number of hours on bypass in the future:

In addition to the above mentioned, a daily bed huddle is held beginning at 0830 every day, to determine bed status and needs for the day, these huddles also occur at 1300, 2000 and 0300. These huddles allow us to be pro-active in determining needs throughout the day. The newly formed surge committee focuses on our day to day opportunity to open pre-determined areas for emergency department boarding patients and surge. Staff is utilized through our internal registry pool, both RN and technician support are available, if additional resources are needed, an Everbridge page is sent to all staff for availability as well as physicians to aid with discharging patients.

We hope we have been able to address your concerns regarding bypass at our facility. It is a last resort for us, patient safety is at the forefront of initiating bypass, as well as determining termination of bypass. It must be noted, our commitment to the patient's we serve is at the forefront of those decisions. Despite being on bypass we continue and want to accept patients who need "golden hour care", our trauma population, our stroke patients and our MI patients. These patients require time sensitive treatment to obtain the best life outcomes. We are committed to accepting these patients despite bypass status. Our pre-hospital providers know this and are comforted by the fact they can still bring their patients here for care and we will care for them.

Thank you. Please do not hesitate to contact me should you have any further questions (708) 684-5374.

Sincerely,

7(1)(b) [redacted]

Nancy Burke, Director Emergency Services
Advocate Christ Medical Center

cc: Rich Heim, President, Advocate Christ Medical Center
Brian Sayger, D.O., Chairman, Dept of Emergency Medicine

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March 30, 2018

Nancy Burke MSN, ACNP
Director Emergency Services
Advocate Christ Medical Center
4440 West 95th St.
Oak Lawn, Illinois 60453

Dear Ms. Burke,

I am in receipt of your letter of March 19, 2018 in which you provide an explanation to the IDPH Division of EMS regarding concerns for bypass at Advocate Christ Medical Center.

After review of the information you identified as to the reasons for bypass as well as review what measures you have in place to try and mitigate the number of hours you are on bypass, the Department looks forward to monitoring the impact of your ongoing efforts, as reflected in the number of hours your hospital is on bypass. . Please continue your important efforts.

I appreciate your quick response to my letter as well as how serious you take the issue of bypass. If you have any questions, please feel free to contact me at leslee.stein-spencer@illino.gov.
Sincerely,

7(1)(b)

Leslee Stein-Spencer R.N., M.S.
Acting Division Chief of EMS
Illinois Department of Public Health

Cc: Rich Helm, President
Brian Sayger, D.O., Chairman of the Emergency Department
Sue Hecht, R.N.
Shannon Wilson, R.N., Region VII EMS Coordinator